



Matthew Lloyd DMD, MSD
5913 Virginia Parkway, Suite 400
McKinney, Texas 75071
Phone 972-547-0202 Fax 972-547-0212
www.mckinneyendodontics.com

CONSENT FOR ENDODONTIC CONSULTATION, X-RAYS, DIAGNOSIS AND/OR TREATMENT

I understand that all procedures and treatments have inherent and potential risks. These risks include, but are not limited to complications resulting from the use of dental instruments, drugs, sedation, medicines, pain killers, anesthetics, and injections. These complications include, but are not limited to: swelling, sensitivity, bleeding, bruising, pain, infection, cold sores, changes in bite; jaw muscle/joint difficulty, referred pain to ear, neck and head, numbness and tingling sensation in areas of the mouth which is transient, but on rare occasions may be permanent; loosening or damage of teeth, crowns, or bridges; allergic reactions; delayed healing; sinus problems; the possibility of instruments broken within the root canals, extra openings of the crown or root of the tooth, filling material extending past the end of the roots.

There may be periods of discomfort during or following treatment. Many factors contribute to the success or failure of root canal therapy, which cannot be determined in advance. Therefore, in some cases treatment may have to be changed, discontinued before it is completed, or may fail following treatment. Some of these factors include, but are not limited to: the shape and location of the canal anatomy, blocked canals due to filling or prior treatment, natural calcification, broken instruments, periodontal (gum) involvement, or an undetected or after the fact split (crack) in the tooth; also, my resistance to infection, my failure to keep scheduled appointments, my failure to obtain a permanent restoration following treatment.

I further understand that prescribed medication and drugs may cause drowsiness, nausea, vomiting and lack of awareness and coordination, which may be exaggerated by the use of alcohol, tranquilizers, sedatives or other drugs. The use of antibiotic drugs may have an adverse action on the effect of birth control pills.

I have been given the opportunity to have my questions answered. I understand that I will always have the option to discontinue treatment or elect extraction as opposed to accepting the continuing the recommended treatment. I understand that root canal treatment is an attempt to salvage a tooth, which may otherwise require extraction. Although root canal therapy has a high degree of success, it cannot be guaranteed. Occasionally a tooth, which has had root canal therapy, may require re-treatment, surgery, or even extraction.

I have been truthful and accurate in the health history and personal information I provided. If there is a change in health or in medications taken, I will inform the doctor at my next appointment. I also accept these procedures outlined above and understand the need for such treatment as well as possible complications and the fees involved.

Signature: _____ Date: _____